				NORTH CAROLINA		PAGE	. 1	
	: 01/02/2005		IPRS	CHECKWRITE SUMMARY REPORT	1			
			CI	BECKWRITE DATE: 01/06/2005				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	THOUT DEED WELL				Danting	DENTITED	111111111111111111111111111111111111111	111111
3404901	SMOKY MOUNTAINM	8505	5727	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8517	31	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	0	5830	5861	3:
				THROUGH APRIL DOS MUST BE SUBM				
				INCOUNT AFAIL DOS MOST BE SOBM				
		191	30	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
	1	0	0		-	_	_	
	+	-	-		0	0	0	-
					1			
3404904	WESTERN HIGHLAN	11	1351	CLIENT NOT ELIGIBLE ON SERVICE	1			
	DS LME			DATE				
					1			
		8599	253	DETAIL NOT COVERED BY COMBINAT	49	2222	6876	465
				ION OF RECIPIENT, PROVIDER AND	+			
	1		1	BENEFIT PACKAGE.	1			-
		167	239	NO CHARGE BILLED. ENTER BILLED	+			
				AMOUNT AND SUBMIT DETAIL AS	+			
				A NEW CLAIM	 			
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
		0	0		+			
	1	U U	0		0	0	0	
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
	KOTHERFORD-FOEK							
		0	0		0	0	0	-
3404910		8329	715	CLAIM DENIED ATTENDING PROVIDE				
3404910	PATHWAYS	0329	715	R CANNOT BE THE SAME AS				
	+		 	THE LMA	+			
				-	1			
	1	8599	121	DETAIL NOT COVERED BY COMBINAT	1	1039	4712	367
				ION OF RECIPIENT, PROVIDER AND	1	2333		
				BENEFIT PACKAGE.				
		8505	114	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
			-		1			-
3404912	CAMANDA CONSTINU	11	34	CLIENT NOT ELIGIBLE ON SERVICE	+			-
	CATAWBA COUNTYM ENTAL HEALT			DATE	+			-
			 		 			
		0	0		0	34	35	
					1			
04040:-		0547	0.4		1			
3404913	MECKLENBURG COM	8517	81	CLAIMS DENIED, SUBMITTED BEYON	1			
	ENTAL HEALT		1	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	1			-
				AMAGON AFAIR DOS MOST BE SUBM	+			-
	+	8933	64	ADTNC INELIGIBLE TO RECEIVE SE	129	274	1095	82
	+		1	RVICES IN IPRS.	129	2/4	1095	62
			 		 			
		8932	64	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
		1						
	1		1					1

	1	1	1	I .				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8517	158	CLAIMS DENIED, SUBMITTED BEYON				
	VIORAL HEAL			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		11	51	CLIENT NOT ELIGIBLE ON SERVICE		200	2000	0.000
				DATE	4	392	3092	2700
		8599	50	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM	11	497	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		8931	113	AMTNC INELIGIBLE TO RECEIVE SE	121	779	2229	1450
				RVICES IN IPRS.			2223	1450
		8599	76	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404919		11	179	CLIENT NOT ELIGIBLE ON SERVICE				
3404918	ROCKINGHAM CO M		179	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT						1	
		21	1	DUPLICATE OF CLAIM-SYSTEM	1	182	184	2
					-	102	204	
		8505	1	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		0500						
3404919	GUILFORD CO MEN	8599	146	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				Data I I I I I I I I I I I I I I I I I I				
		8517	81	CLAIMS DENIED, SUBMITTED BEYON	17	355	7961	7606
				D FILING TIMELIMIT. JULY	- 17	333	7301	7000
				THROUGH APRIL DOS MUST BE SUBM				
		8518	35	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404920	ALAMANCE CASWEL	8505	1320	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		11	34	CLIENT NOT ELIGIBLE ON SERVICE	0	1354	1354	0
				DATE	0	1334	1334	U
3404921	ORANGE PERSON C	5312	1125	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		0500	424	DEFECT NOT COMPAND BY COMPAND				
		8599	434	DETAIL NOT COVERED BY COMBINAT	40	2364	4005	1641
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	1						1	
		8329	321	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404922	THE DURHAM CENT	11	1349	CLIENT NOT ELIGIBLE ON SERVICE	-		_	
	ER			DATE				
		21	795	DUPLICATE OF CLAIM-SYSTEM				
				POLITICALE OF CHAIN-SIGIEM	7	2710	5860	3150
	1						1	
		8599	277	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO	8000	290	NO RATE AVAILABLE ON FILE TO P				
	RITY			RICE THIS CLAIM DETAIL				
		8599	130	DETAIL NOT COVERED BY COMBINAT				
		0000	-50	ION OF RECIPIENT, PROVIDER AND	0	609	2932	2323
				BENEFIT PACKAGE.				
	1						1	
		11	88	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		_						

							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925		8599	1318	DETAIL NOT COVERED BY COMBINAT				
3404923	SANDHILLS CENTE			ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD			BENEFIT PACKAGE.				
		8517	548	CLAIMS DENIED, SUBMITTED BEYON	55	3365	5158	1793
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		21	343	DUPLICATE OF CLAIM-SYSTEM				
3404926		1.1	000	CLIENT NOT DITCIPLE ON CERTIFICE				
3404926	SOUTHEASTERN RE	11	889	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	G MENTAL HL			DATE				
		21	72	DUPLICATE OF CLAIM-SYSTEM	87	1318	5101	3783
					0.7	1310	5101	370.
		8599	63	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	8505	2452	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
			450					
		8800	150	FURTHER PROCESSING NECESSARY,	1	2764	2980	210
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		27	43	DIAGNOSIS CODE MISSING OR INVA				
		21	43	LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
				CONTACT DIMONOPLE CODE THE DOD				
3404929		11	82	CLIENT NOT ELIGIBLE ON SERVICE				
3404323	LEE HARNETT MH/		02	DATE				
	DD/SAS							
		21	47	DUPLICATE OF CLAIM-SYSTEM	0	153	384	231
					Ü	133	304	201
		8329	11	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404930	JOHNSTON COUNTY	8931	89	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
		8599	41	DETAIL NOT COVERED BY COMBINAT	118	186	3063	2877
			1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	-			-
				DENEFII FACAGE.	-			-
	+	120	25	CLIENT ID NUMBER MISSING OR IN	-			1
	+	1	+	VALID. ENTER CID AND SUBMIT	 			
	+	1	+	AS A NEW CLAIM	 			
		1	+		+			
3404931	WAKE CO HUM SVC	11	307	CLIENT NOT ELIGIBLE ON SERVICE	 			
3404331	BILLING OF			DATE				
			1					
		1	1		1			
		8599	242	DETAIL NOT COVERED BY COMBINAT	165	1017	3363	2346
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	97	DUPLICATE OF CLAIM-SYSTEM				
			1					
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	
								1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404933		11	101	CLIENT NOT ELIGIBLE ON SERVICE				
3404333	SOUTHEASTERN CT		101	DATE				
	R FOR MH/DD			MARKA M				
		8000	31	NO RATE AVAILABLE ON FILE TO P	28	207	2294	208
				RICE THIS CLAIM DETAIL	20	207	2234	200
		8931	23	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404934	ONSLOW COUNTY B	11	87	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	EHAVIORAL H			DATE				
		8599	44	DETAIL NOT COVERED BY COMBINAT	0	188	1077	88
				ION OF RECIPIENT, PROVIDER AND	U	100	1077	0.0
				BENEFIT PACKAGE.				
		8329	40	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
					-			
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		1						
		0	0					
		U	U		0	0	0	
3404936		8931	31	AMTNC INELIGIBLE TO RECEIVE SE				
3404330	WILSON-GREENE M ENTAL HEALT	0331	32	RVICES IN IPRS.				
	ENIAL REALI							
		8932	12	CMTNC INELIGIBLE TO RECEIVE SE	43	57	2147	209
				RVICES IN IPRS.				
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGECOMBE NASH	21	69	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		8505	55	CLAIM DENIED DUE TO INSUFFICIE	6	220	1698	147
				NT BUDGET				
		4.4	30	CLIENT NOT ELIGIBLE ON SERVICE				
		11		DATE			-	1
		1		MANAMA MA			 	-
			-					
3404938	VGFW DBA RIVERS	8000	30	NO RATE AVAILABLE ON FILE TO P			+	
	TONE COUNSE	1	1	RICE THIS CLAIM DETAIL				-
	TONE COUNSE			<u> </u>				
				<u> </u>				
		21	30	DUPLICATE OF CLAIM-SYSTEM	4	79	1730	165
					,	7,5	1750	200
		5404	10	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404939		11	222	CLIENT NOT ELIGIBLE ON SERVICE				
	ALTH CENTER			DATE				
		8329	13	CLAIM DENIED ATTENDING PROVIDE	0	237	266	2
				R CANNOT BE THE SAME AS				
				THE LMA				
		2500						
		8599	2	DETAIL NOT COVERED BY COMBINAT				
		1		ION OF RECIPIENT, PROVIDER AND				
		1	ļ	BENEFIT PACKAGE.				
	1	1			L	l	1	<u> </u>

		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
3404941				PROGREDMEN	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PITT CO MH/DD/S	11	326	CLIENT NOT ELIGIBLE ON SERVICE				
	AS CENTER			DATE				
		21	75	DUPLICATE OF CLAIM-SYSTEM	5	486	994	50
		8599	43	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				—
				BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH	8599	10	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
	Oldin Dilivio			BENEFIT PACKAGE.				
								—
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE	0	30	632	601
				RVICES IN IPRS.	,	30	032	002
								-
		21	4	DUPLICATE OF CLAIM-SYSTEM				
		***	*	DOLLICITE OF CHIEF DIOLES				
		1	+				 	
		1	1			ļ	<u> </u>	
2404040		0.0	0570					
	ALBEMARLE MENTA	21	2570	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE		1					
			1					
		5404	91	SEVERE DUPLICATE: SAME ATTD PR	118	3114	6945	3831
				OV/PCODE/TOS/DOS/MOD				
		191	84	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404944	EASTPOINTE HUMA	11	104	CLIENT NOT ELIGIBLE ON SERVICE				
	N SERVICES			DATE				
	N SERVICES							
		8599	74	DETAIL NOT COVERED BY COMBINAT				
		0333	74	ION OF RECIPIENT, PROVIDER AND	25	266	3125	2859
				BENEFIT PACKAGE.				
				BENEFII FACAGE.				_
		0000	2.0					
		8000	30	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404946	FOOTHILLS AREAM	11	1157	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	986	DETAIL NOT COVERED BY COMBINAT	12	2511	6119	3608
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	304	NO RATE AVAILABLE ON FILE TO P		1		
				RICE THIS CLAIM DETAIL				
-			1					1
3404957	TIDELAND MENTAL	8931	32	AMTNC INELIGIBLE TO RECEIVE SE				
	HEALTH CTR	+	+	RVICES IN IPRS.				
	ADIR CIK		+	**			 	
			+	 			 	
		8000	28	NO RATE AVAILABLE ON FILE TO P				
		-000		RICE THIS CLAIM DETAIL	44	82	521	439
		+	+	Caller Daller			-	
		1	1			ļ	<u> </u>	
		0022	10	CHENC THE TOTAL TO DECISE OF		ļ	<u> </u>	
		8932	10	CMTNC INELIGIBLE TO RECEIVE SE				
			1	RVICES IN IPRS.				
			1					
			1					
	NEW RIVER AREAM	8505	4368	CLAIM DENIED DUE TO INSUFFICIE				
3404979	H/DD/SA PRO			NT BUDGET				
					-			1
							+	
		11	337	CLIENT NOT ELIGIBLE ON SERVICE	2	4801	5504	703
		11	337	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	4801	5504	703
		11	337		2	4801	5504	703
		11	337		2	4801	5504	703
				DATE	2	4801	5504	703
		11 8800	93		2	4801	5504	703